San Joaquin Cores...



IHSS Public Authority

In-Home Supportive Services Recipient Handbook



Finding & Employing a Home Care Provider



#### IHSS Public Authority Mission Statement:

To enhance availability of resources, ensure safety, and promote quality services for IHSS recipients.

The Public Authority's primary goal is to provide Recipients with access to In-Home Supportive Services (IHSS) that fit their needs; to empower elderly and or disabled individuals, allowing for them to stay in control of their lives and live safely in the comfort of their homes. Meanwhile, foster a productive relationship between the Recipient and the Home Care Provider; to give Recipients a voice in Public Authority Policy and program development; and to serve as the employer of record for Individual Home Care Providers.



<u>IHSS:</u> In-Home Supportive Services (IHSS); provides assistance with domestic and personal care to the elderly, blind or disabled persons who need assistance to remain safely in their homes and are eligible for the program.

<u>Public Authority</u>: The San Joaquin County IHSS Public Authority is a public agency whose purpose is to enhance the availability of resources, ensure the safety, and promote quality services for IHSS Recipients.

<u>Recipient:</u> A recipient is someone who is blind, elderly or disabled; cannot live safely at home without help and has been approved to receive IHSS services. A recipient is also referred to as a "consumer" or "client" and is considered the employer of the provider.

<u>In-Home Care Provider or Individual Provider (IP):</u> All IP's have attended a one hour State required orientation. IP's are also referred to as a caregiver or care worker. An IP is a person who provides personal and domestic services to IHSS recipients.

<u>Registry Provider:</u> All Registry Providers have attended a two hour orientation, completed an application, and had their references and background verified. The IHSS Public Authority registry is a database of available home care providers who have been approved to be referred to IHSS recipients.

#### How the San Joaquin IHSS Public Authority works



- Recruits individual Home Care Providers from all cities and locations within the San Joaquin County.
- Maintains an updated Registry with a list of available Providers.
- Interviews and gives orientations to prospective Providers.
- Verifies that potential Providers are able to legally work in the US and keeps records of official documentation such as Social Security Number and State identification cards.
- Maintains a record of at least one (1) employment and two (2) additional references for each applicant.
- Providers must pass a criminal background check and sign a release of information agreement.
- Matches your needs with the stated skills and availabilities of Providers.
- Sends you a list of at least five (5) prospective
   Providers whenever you request one.

# The Registry Specialists



- They are there to help you and serve you with ongoing support; including conflict resolution between you and your care Provider.
- They help protect the confidentiality of your personal and medical records.
- They understand employer /employee roles, rights and responsibilities.
- They can send you a new list of Providers that match your needs whenever you request one.
- They will make sure you receive the list and follow up within seven (7) days to see if you hired anyone.
- They can assist by interviewing Providers at your home or other locations.
- They can answer payroll questions and give you information about timecards.
- You may contact a Registry Specialist for additional IHSS questions or to recommend a friend who wishes to be a Home Care Provider.

## IHSS Public Authority Registry

The IHSS Public Authority screens people applying to the Registry based on what the applicant provides. The Registry requires a Department of Justice criminal background check and a release of information agreement signed by the Provider. Also, the Registry requires that providers give three (3) valid references and at least one (1) from a previous employer.

Nevertheless, the IHSS Public Authority Registry can make NO guarantee about the accuracy of such information. Furthermore, the Registry can make NO guarantee about the Provider's character, actual work experience, criminal history or fitness.

Authorized services are to be performed uniquely for you and NOT for your family members or your guests. For instance, if you are away from home on vacation or in the hospital - payment will not be made for work done during your absence.

The Registry will match Providers willing to do your preferred tasks, but the State will only compensate for the authorized tasks listed on your "Notice of Action." Any private arrangement made between you and the Provider to pay more than the rate authorized by IHSS or to perform tasks not authorized is strictly between you and the Provider and is NOT the responsibility of the IHSS Public Authority Registry.

#### RECIPIENT RIGHTS AND RESPONSIBILITIES

As the IHSS Recipient, you are the **employer** of your IHSS Provider for the purpose of screening, hiring, supervising, training, and if necessary, terminating the employment of the Provider. Thus, as the Recipient you have **the right** to:

- Appeal any decision by the IHSS program where you would strongly disagree.
- Ask your IHSS Social Worker for a reassessment of hours if your condition changes.
- Ask a Registry Specialist for assistance with problems or conflicts you are unable to resolve with your Provider.

#### As the Recipient you are **responsible** for:

- Letting the Social Worker and the IHSS Public Authority know when you hire a Provider.
- Letting the Social Worker and the IHSS Public Authority know when you terminate a Provider who is listed on our Registry.
- Keeping record of your Provider's hours worked.
- Signing the Provider's time sheet after verifying the hours worked.
- Clearly state reasonable expectations of the Provider's services in a consistent, fair and friendly manner.
- Immediately inform the IHSS Public Authority if your Provider becomes injured on the job.
- Abiding by non-discriminatory guidelines on the basis of race, religion, gender, age or disability.



## After you have been approved...

After your IHSS Social Worker has approved you for services and after you've received a Notice of Action by mail you are now able to hire a home care provider.

You have the right to hire anyone you choose. If you do not have a family member or know of someone who can help, the IHSS Public Authority can assist you in hiring a provider.

### IP Enrollment

Immediately inform the IHSS Public Authority at 1-800-491-1996 and request a **Provider/Enrollment Packet**. If you neglect to do this, your provider cannot be paid.

- Have your IHSS Case Number or Social Security Number ready to give the Public Authority Staff Member for verification.
- Give the Public Authority Staff Member your provider's name, physical address (and mailing address if applicable), phone number, social security number and start date.

The Public Authority will then verify this information.

To be eligible to work as an IHSS Provider there are four requirements:

- 1- Complete and sign provider Enrollment Forms in person, and present original documentation verifying your identity, (e.g., current and valid photo identification and social security card) for photocopy by the PA staff.
- 2- Submit fingerprints and pass a criminal background check by the DOJ, at provider's expense,
- 3- Complete a Provider orientation,
- 4- Sign and submit an IHSS Program Provider Enrollment Agreement.

Once your enrollment packet is turned in to the Public Authority we will verify that all the information is complete and forward the necessary documents to the recipient's Social Worker.

Please allow up to three weeks for your provider to receive their 1st timesheet.

## If you need help finding a Provider

Call the IHSS Public Authority Registry at 1-800-491-1996 to let them know what services you need and your number of authorized work hours. A Registry Specialist will search for potential Providers to match your needs, hours and location. They will send you a list of at least 3 to 5 potential Providers. You should then call the names on the list promptly to discuss the job and set up interviews. You may call to request a different Provider any time you need.

## Screening Potential Providers by Phone



It is very important that you do not give out any personal information such as your name, address or location to applicants whom you do NOT intend to interview. Be friendly, but firm.

- Give a brief description of your needs.
- State the number of hours you need assistance. The total number of hours authorized is on the "Notice of Action."
- If the applicant is suitable, you may want to set an appointment at this time to meet and interview them face to face.
- Request that applicants bring a list of references with them.
- Even if you feel the applicant does not qualify for the job, thank her/him for calling.

### Interviewing in Person



You may wish to have a family member, trusted friend or a neighbor with you during the interviews. If you don't want to do the interviews at home, choose a comfortable meeting place in public. You can also ask a Registry Specialist to help you do the interviews at the IHSS Public Authority.

- Ask to see an identification card with a picture of the applicant on it, like a Driver's License or a Department of Motor Vehicles ID Card.
- Become acquainted with your applicants by letting them tell you about themselves. This also shows that you have an interest in them.
- Show the applicants the "Notice of Action" that lists the approved tasks and explain it.
- Ask all the questions you want and continue to ask if you are in doubt about anything.
- You can interview as many applicants as you wish, and you always have the right to change your mind about your choice.
- If you have concerns or doubts on anything an applicant says, write them down and check them out.
- Discuss possible work schedules (days/times).



## Sample interview questions

- What kind of work have you done?
- Is there anything on my "Notice of Action" that you cannot or would not do?
- Why are you in this line of work?
- Are there any problems with the days or hours I would need you to work?

#### After the Interview

- Thank the applicant for coming to the interview and ask them for the names and phone number of references.
- Tell the applicant you have other appointments and will call them when you have made your decision.
- After the interview, write down your impressions of the applicant, and then discuss them with the person helping you with the interviews. Later this can help you to make the best decision on whom to hire.
- Select the applicant you feel the most comfortable with and who you think can best help you with your needs.
- ALWAYS check references before you hire someone.
   Personal and work references may be used.

## Hiring and Supervising Your Provider

After you choose a Provider, ALWAYS call the IHSS the Public Authority (see page 10 on IP Enrollment process). A Provider/Enrollment Packet will be mailed to your new provider of which you will need to sign. If you neglect to do this your Provider will not be paid.



Creating a task schedule for your provider and displaying it where you both can see can be very helpful. A Sample Task Schedule and Job Agreement are included in this handbook.

You will be happier in the employer relationship when you are sharing responsibilities with your Provider and doing as much for yourself as you are able to do.

Your Provider should know that you will be checking to see the tasks you agreed upon are accomplished.

Supervision can include praise, accountability, good communication and record keeping.

#### **Good Communication**

As the employer, you are in charge of your provider's duties.

- Clearly explain what you want, and what it is that you expect. Open communication avoids lots of problems.
- Give clear instructions.
- Give training where needed.
- Encourage your employee to seek clarification if they are unsure of something that might be important to you.

#### Giving Praise

Give praise and correction when needed.

- When your Provider is working hard and doing a good job, praise is a good idea.
- Give praise to your Provider immediately when it is deserved.
- Example: "I liked the dinner you prepared today. It tasted really great!" It is important that both of you are pleased.

#### Offering Correction

Although it may be difficult to comment on performance, "be up front" and do this regularly.

- Discuss problems as they arise firmly and calmly.
- When making corrections, start by saying something positive, for example: "I am happy to see the bathroom so clean. But next time, could you please remember to rinse out the tub more thoroughly?"
- Blaming or humiliating your Provider will not help keep him/her working for you. If you find it difficult to correct your Provider, ask for help from a family member or friend, or from a Registry Specialist at the IHSS Public Authority.
- The Provider may be told several times of unacceptable behavior before being dismissed. If you dismiss someone whom you hired through the Registry, please call the Registry to tell them why, so that future problems can be avoided with the Provider.

#### SAMPLE JOB AGREEMENT

JOB AGREEMENT BETWEEN:	DATE:
Recipient:	
Provider:	
The Recipient and Provider agree to the follow The Recipient will:	ing general principles.
<ul> <li>Supply enrollment forms and cooperate with the p enrollment process.</li> </ul>	rovider in completing the
• Sign the provider timesheet if it reflects the hours	that were worked.
• Pay the share-of-cost on time, if applicable.	
<ul> <li>Assign work on behalf of the recipient only.</li> </ul>	
<ul> <li>Give the worker advance notice when hours or dut</li> </ul>	ties change whenever possible.

- The Provider will:
  - Come to work clean and sober.

and agree on a make-up time.

- Not make personal or long distance phone calls.
- Not ask to borrow money, or for cash advance.
- Call the recipient as soon as possible if late, sick, or unable to work.

Both the recipient and the provider will maintain confidentiality.

• The recipient will not ask the provider to work extra or any unpaid time.

• If the recipient must cancel, he or she will notify the provider as soon as possible,

- Give the recipient two weeks notice before leaving the job whenever possible.
- Both the recipient and provider will maintain confidentiality.

inc hours, wase is: \$12.00 per hour, effective 1/1/1/	Hourly Wage:	The hourly wage is: \$12	2.00 per hour, effective 1/1/19
--	--------------	--------------------------	---------------------------------

The provider will receive a timesheet from In-Home Supportive Services (IHSS) at their mailing address. The provider will fill out the timesheet to accurately reflect hours worked, and give it to the recipient for approval and signature. If there is a problem with timesheets or checks, the provider should call the IHSS Payroll Department at: (209) 468-1706, and ask for "Payroll".

<b>Share-Of-Cost?</b>	NO	
	YES, to be paid by the	day of the month, per
mutual agreement.		

Figure 0.2		
CLIENT NAME:		
WORKER NAME.		

#### SAMPLE TASK SCHEDULE

In each corresponding box, write down the time the task must be completed, and add any special instructions.

TASKS	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Special Instructions
DOMESTIC								
SERVICES								
General Cleaning								
Vacuuming								
Dusting								
Mopping								
Emptying Trash								
Meal Preparation								
Meal Clean-up								
Ironing/Laundry								
Making Beds								
Shopping								
Errands								
PERSONAL								
CARE								
Exercise								
Medicines								
Respiration								
Eating/Feeding								
Ambulating								
Bathing								
Dressing								
Grooming								
Oral Hygiene								
Bowel/Bladder								
Menstrual Care								
Lift/Transfer								
Rub Skin								
Re-positioning								
Sterile Procedure								
Wound Care								
Medical								
Appointment								
Protective								
Supervision								

# **Timesheets**



- Review the hours worked before signing the T/S
- You must sign your Provider's timesheet promptly after she/he has completed the hours shown, the Signature box is on the back of the T/S.
- Use black ink only
- Do not sign in advance
- Do not demand money or other things from the Provider in exchange for signing the timecard, or you could lose IHSS services.
- If you have multiple providers, you are responsible for assigning your hours amongst them without going over your allocated time.
- If you have questions about timesheets call a Registry Specialists immediately.

## Comprehensive Timesheet Guide

The following guide contains information that will help you to complete your timesheet as well as preventing any errors that may result in the delay of your paycheck.

15	501 SC	MET	HING	AVEN		ES		IN-HO			VIDUA	IVE SE	IIVC	ICE		HS
	XER			. 90000 1	55							ESHEE	374	rs and	d min	ute
0	ne R	eci	pien	t wit	h One	e Provid	der					your daily like thes	e sar	nples		
	IRST,	•									C	oid not wo	rk	-		L
56	65 SO	MET	HING	DR.							6 hours	30 minute	es _	6	3	10
S	AN JO	SE C	CA 9	5116-3	3439						4 hours	45 minute	es_	4	4	5
												10 hou	1127 1 4 1 1 1	110	بال	بال
	-340												al 📑	2 1	1	5
						nd press										
2						ek is from					turday 1	1:59 PM				
12						er docum						- 61				
9	4.	Only	y Writ	te in ti	he hou	rs, minut extra writi	es, signa	ature, an	d da	te bo	(es. Do	not write	e in a	ny bo	X WI	th
1 5	5	Vou	chill	not he	naid t	for hours	claimed	more th	on th	o roo	iniont's	ILICE D	oars	m		
اقا	Э.	auth	orize	ed hou	urs (as	for hours shown ir a hours c	the "ho	urs" field	dii u	ow) or	the we	ekly allo	wed	111		
뉱		hour	rs. C	laimin	ig extra	a hours c	an delay	your pa	ayche	eck.		oral and				
重						s for each										
5	7.	You	and	your	Recip	ient mu	st sign a	and date	the	back	of you	r timesh	neet.			
0						heet. Do									4	
=	8.	DO L	IOU IO	JIU LITE	unics	HICCL. DU	HUL USC	write ou			don tab					
Important Instructions																
Ē						red a								/		
<u> </u>														/		
	9.	Clai	me		urs w	red a		i prev	us Z	ay pe			2	/		
Pro	9. vider	Clai	000 43 (	00000 01 000	urs w	red a	clain d	ame: L	AST AST	NAM NAM	E, FIRS	7		/		
Pro	9. vider Case	Clai	000 43 ( IHS	000000 01 000 S	00 00000	Pro-	vider Na pient Na neshee	ame: Lame: Lame: Lame: Lame: Lame: Lame: Lame: Lame: Lame: Mo: 40	AST OOOC	NAM NAM 05913	E, FIRS E, FIRS	T /				
Pro	9. vider Case	Clai	000 43 ( IHS	00000 01 000	00 00000	Pro-	vider Na pient Na neshee	ame: Lame: Lame: Lame: Lame: Lame: Lame: Lame: Mo: 40	AST OOOC	NAM NAM	E, FIRS E, FIRS	7		0:00		
Pro	9. vider Case Ty	r#: #: pe: pm:	000 43 ( IHS	000000 01 000 S 01/20	00 00000	Province Recipion	vider Na pient Na neshee Pay	ame: Lame: Lame: Lame: Lame: Lame: Lame: Lame: Lame: Lame: Mo: 40	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	T /	140		ek#-	4
Pro	9. Case Typ y Fro	r#: e#: pe: om:	000 43 0 1HS 06/0	000000 01 000 S 01/20	00 000000	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	ame: Lame: To: 00	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Wo	0:00	53 m	4
Pro	9. vider Case Ty	r#: e#: pe: om:	000 43 0 1HS 06/0	000000 01 000 S 01/20	00 000000	Province Recipion	vider Na pient Na neshee Pay eek #2	ame: Lame: To: 00	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Wo	0:00	53 m	4
Pro	9. Case Typ y Fro	r#: e#: pe: om:	000 43 0 1HS 06/0	000000 01 000 S 01/20	00 000000	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	ame: Lame: To: 00	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Wo	0:00	53 m	4
Pro	9. Case Typ y Fro	r#: e#: pe: om:	000 43 0 1HS 06/0	000000 01 000 S 01/20	00 000000	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	ame: Lame: To: 00	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Wo	0:00	53 m	4
Pay	9. Case Typ y Fro	r#: #: pe: pm: prkw	000 43 0 1HS 06/0 reek	000000 01 000 S 01/20 #1	00 000000 16	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	ame: Lame: L	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Womed	0:00 rkwe : 00:	00	4
Pay	9. Case Tyj y Fro  Clain	r#: #: pe: pm: orkw	000 43 0 1HS 06/0 reek	00000000000000000000000000000000000000	00 00 00 16	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	s 12	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Womed	0:00 rkwe : 00:	00	0
Pay S M	9. Case Tyl y Fro Wo	r#: pe: pm: om: om of	000 43 0 1HS 06/0 veek	000000 01 000 S 01/20 #1 00	000 000000 16 \$ 05 M 06	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	s 12 M 13	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Woo	0:00 rkwe : 00:	00	0 0
Pay S M T	9. Case Tyj y Fro  Clain	r#: #: pe: pm: orkw	000 43 0 1HS 06/0 reek	000000 01 000 S 01/20 #1 00	000 000000 16 \$ 05 M 06 T 07	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	s 12 M 13 T 14	AST 0000 6/15	NAM NAM 05913 /2016	E, FIRS	Hours:	140 Woo	0:00 rkwe : 00:	00	0 0
Pay  S M T W01	9. Case Tyl y Fro Wo	r#: pe: pm: om: om of	000 43 0 1HS 06/0 veek	000000 01 000 S 01/20 #1 00	000 000000 16 S 05 M 06 T 07 W 08	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	S 12 M 13 T 14 W 15	ASTT ASTT ASTT ASTT ASTT ASTT ASTT ASTT	NAM NAM 05913 /2016 orkwe	E, FIRS E, FIRS 88 8 9ek #3 00:00	Hours:	140 Woo	0:00 · · · · · · · · · · · · · · · · · ·	00 0 0 0	0 0 0
Pay S M T	9. Case Tyl y Fro Wo	r#: pe: pm: om: om of	000 43 0 1HS 06/0 veek	000000 01 000 S 01/20 #1 00	00 000000 16 S 05 M 06 T 07 W 08 T 09	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	S 12 M 13 T 14 W 15 T	AST 0000 6/15	NAM NAM NAM NAM NAM NAM NAM NAM NAM NAM	e, FIRS E, FIRS 88 00:00	Hours:	140 Woo	0:00 • rkwee : 00:	00	0 0 0 0 0 0
Pay  S M T W01	9. Case Tyl y Fro Wo	r#: pe: pm: om: om of	000 43 0 1HS 06/0 veek	000000 01 000 S 01/20 #1 00	000 000000 16 S 05 M 06 T 07 W 08	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	S 12 M 13 T 14 W 15 T	ASTT ASTT ASTT ASTT ASTT ASTT ASTT ASTT	NAM NAM 05913 /2016 orkwe	E, FIRS E, FIRS 88 8 9ek #3 00:00	Hours:	140 Woo	0:00 · · · · · · · · · · · · · · · · · ·	00 0 0 0	0 0 0
Pay  S M T W01 T02	9. Case Tyl y Fro Wo	r#: pe: pm: om: om of	000 43 0 1HS 06/0 veek	000000 01 000 S 01/20 #1 00	00 000000 16 S 05 M 06 T 07 W 08 T 09	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	S 12 M 13 T 14 W 15 T	us  AST AST 00000 6/15, Wc Claim	NAM NAM NAM NAM NAM NAM NAM NAM NAM NAM	e, FIRS E, FIRS 88 00:00	Hours:	140 Woo	0:00 • rkwee : 00:	00 0 0 0	0 0 0 0 0 0
Pay  S M T W01 T02 F03	9. Case Typ y Fro  Wo Claim	r#: pe: pm: om: om of	000 43 0 1HS 06/0 veek	000000 01 000 S 01/20 #1 00	00 000000 16 \$ 05 M 06 T 07 W 08 T 09 F 10	Prog Recij Tin	vider Na pient Na neshee Pay eek #2	S 12 M 13 T 14 W 15 T	0 0 0	NAM NAM NAM NAM NAM NAM NAM NAM NAM NAM	e, FIRS E, FIRS 38 00:00	Hours:	140 Woo	0:00 rkwe:: 00:	00 0 0 0 0	0 0 0 0 0 0

## Comprehensive Timesheet Guide



#### Sections:

- 1) Provider Number—This number is your unique Provider Number that will be used to identify you.
- 2) Case Number—This number is the number that is associated with your IHSS recipient.
- 3) Pay Period—The dates listed show which pay period the timesheet is to be filled out for. There are **2** pay periods in each month. The 1st to the 15th AND 16th to the end of the month.
- 4) Provider Name—This is the provider's name and should reflect your name.
- 5) Recipient Name— This is the name of the recipient who is receiving IHSS
- 6) Hours—Hours listed on the timesheet reflect the total authorized hours for the MONTH.

#### Common Errors and How to Avoid Them:

Any error that you may have on your timesheet may result in the delay of your check

- Provider Signature missing—Check to see that you signed your timesheet
- Recipient Signature missing—Check to see that your IHSS recipient has signed the timesheet
- Missing Time Entries—Make sure you have filled out the boxes on the timesheet with your hours. The machine will only read time entries that are written inside the boxes. If there is a pre-filled 0 in the box, Do Not write over it as this will result in an error.
- Unreadable/crossed out/altered timesheets—If you make a mistake, neatly cross it out
  and write next to it while staying within the box. Do not use white out and only use black
  ink when recording your hours.
- More than 70% of hours reported in a pay period—This is the most common error. When recording hours on your timesheet, you are not allowed to claim more than 70% of your total authorized hours for the month on any timesheet. The best way to avoid this error is to claim roughly half of your total authorized hours in each pay period.
   Example: Client A has 100 authorized hours. Provider B will claim 50 hours on each timesheet for the month.

#### Comprehensive Timesheet Guide



 Early Timesheet Submission—You are not allowed to turn in your timesheet with hours claimed for future days under any circumstances. This is an error and will automatically be rejected and a new timesheet will be mailed out for completion and will definitely delay your paycheck.

#### Other errors:

When calculating and recording hours, Do Not use decimals.

Example: If you write 4.5 hours on your timesheet, the machine will read it as 4 hours and 50 minutes instead of 4 hours and 30 minutes. Avoid using decimals at all cost in order to avoid any possible errors. If you require assistance in filling out your timesheets, call your local Public Authority

Back pay - If you are receiving multiple timesheets for back pay, then be sure to sort them
out by month and claim half of your authorized hours for each pay period. Please note
that when you receive two timesheets for 1 month (1–15 and 16-end of month) the hours
will show you are eligible for all authorized hours on each time sheet, but you are only
allowed to report half on each time sheet.

Example: You receive timesheets for back pay for the month of August. You will receive 1 timesheet for each pay period in the month for a total of two timesheets. On the top right of each timesheet, it will show you have 100 hours. You are only authorized for 100 hours for the entire month, which means on each timesheet you can not report no more than 50 hours per timesheet as long as the total of both timesheets is equal to 100 hours.

#### Frequently Asked Questions:

Q: I didn't get any timesheets after completing orientation and finger printing, how can I get them?

A: Contact your local Public Authority to see if you have any other pending documents. Timesheets will not be sent to providers who have not completed all required documents or if there are any verifications pending.

### Comprehensive Timesheet Guide



Q: I want to know the status of my timesheet and if you received it

A: Contact the Provider Help Desk at (866) 376-7066 and please have your Provider Number ready

Q: I moved to a new address and I have not been receiving timesheets

A: Contact your local Public Authority to do an address change, then call payroll the next day to order new timesheets

Q: I wasn't paid all my hours and there are other providers who work for the recipient and got paid all their hours.

A: It is the recipient's responsibility to assign hours to each of their providers, any hours over the authorized hours will not be paid for by IHSS.

Q: How can I get paid for the hours that were not paid because of this issue?

A: Contact your recipient to resolve the issue.

Q: I made a mistake and didn't claim all my available authorized hours for my recipient. Is there any way I can get paid for the hours I forgot to claim?

A: Contact IHSS Payroll to receive a supplemental timesheet to claim the remaining hours.

Q: I stopped working for my recipient but I am still receiving timesheets.

A: Contact your local Public Authority to report that you have stopped working for your recipient

Q: I turned in my timesheet, but I have not received a new timesheet for the next pay period.

A: Contact IHSS Payroll to order your timesheet

Q: Can I tell payroll to mail my check or timesheet to a different address?

A: No, we can only mail timesheets or checks to the address we have on file, if you need to update your address, call your local Public Authority

### Electronic Timesheets

The Electronic Timesheet System allows IHSS and WPCS Providers to enter time worked and submit their timesheets online via tablet, smartphone, computer or laptop. Providers and Recipient(s) will both need to have a valid email address in order to enroll in the Electronic Timesheets System. If a Recipient does not have access to the internet they may opt to approve/reject timesheets via the Telephone Timesheet System (TTS). If the Provider registers for the ETS system but the Recipient does not wish to register for ETS or TTS, paper timesheets will continue to be mailed to Providers. If you are a Recipient and wish to enroll in TTS please contact your IHSS Social Worker.

The Electronic Timesheet System will allow Providers and Recipients the ability to do the following:

- "Register and enroll to electronically submit and approve timesheets
- "Enter time worked and submit timesheets
- " Approve and/or reject electronically submitted timesheets
- " View the previous 3 months of timesheet history
- " Stop electronic timesheets

Providers do not need to submit their timesheets via the ETS system in order to view previous timesheet history. Providers will need to follow the registration process in order to view this information.

Above information is from CDSS ACL NO: 17-76

CDSS also has electronic timesheet training videos via their website http://www.cdss.ca.gov/inforesources/IHSS-Providers/Resources/Timesheet-Information.

#### To Register for Electronic Timesheets, Go To:

https://www.etimesheets.ihss.ca.gov

Contact the Electronic Timesheet Help Desk if you need help at 1-866-376-7066, option 4

### Share of Cost

If you have a share of cost and have any questions, contact your assigned IHSS Social Worker.

### Fraud



Fraud is when a provider knowingly makes, or causes to be made, any false or fraudulent claim for payment. Fraud is an intentional deception or misrepresentation made with the knowledge that the deception could result in an unauthorized benefit.

In-Home Supportive Services is a Medi-Cal program funded by federal, state, and county funds. Any false statement, claim, or concealment of information may be prosecuted under federal and state law. Some examples of fraudulent behaviors include but are not limited to:

- Knowingly submitting timesheets for hours not actually worked.
- Provider claiming hours for providing services that are not authorized by IHSS.
- Provider claiming hours for providing services when the recipient is hospitalized, on vacation, or otherwise not at home.
- Provider/recipient conspiring together to receive payment for services neither are eligible to receive.
- Forgery of signatures on the timesheet.
- Recipient signing blank timesheet.
- Provider or recipient misrepresents or exaggerates the level of need for IHSS.

- Provider falsely reports on-the-job injuries in an effort to collect Workers' Compensation
- benefits.
- Sub-Contracting (Submitting a timesheet as a provider, indicating YOU worked hours that you had not, then using those funds to pay a provider not enrolled to serve the recipient.)

San Joaquin County actively investigates fraudulent activity. If you are convicted of fraud, you will not be able to be a paid care provider for 10 years.

## For Your Safety

- Do not leave valuables lying around. Keep your jewelry, cash, checkbook and credit cards put away safely and securely.
- Ask for a receipt every time your Provider shops for you and check the change.
- Do not add your Provider's name to your savings, checking, charge account, Social Security (SSI) or any other documents.
- Keep an eye on things such as excess phone usage, medications and food items.
- Try not to get overly involved with your Provider's private life.
- Do not lend your Provider money, your car, household furnishings or clothing for any reason.

• If your Provider is abusing you - physically, sexually or emotionally- tell family and friends immediately and dial 911 or call the toll free Adult Protective Services hotline 1-888-800-4800.

# DO NOT REMAIN IN AN ABUSIVE SITUATION!

# Reporting a Complaint Against and Dismissing a Care Provider

#### Registry Complaints

Recipients may submit a complaint against their provider by calling a Registry Specialist. The Registry specialist will work with you and the provider to best resolve the situation.

Complaints should be specific and as detailed as possible.

Should you have a complaint with the registry staff, you may contact the Program Manager to discuss your concerns.

Should you request to make a formal complaint, a complaint form will be mailed to you and response will be provided within 30 days.

#### <u>Dismissing a Care Provider</u>

There are many reasons for letting someone go. It may be that you just do not feel comfortable with the person. They may be bossy, or just not doing what you both agreed upon. They may bring someone with them without permission. They may arrive late for work or miss days without letting you know. Other reasons for dismissal might include abuse of drugs or alcohol, excessive use of your telephone or taking items from your home.

Having someone with you when you are dismissing your employee may be helpful. Ask a family member or call a Registry Specialist to seek advice on how to proceed. Ask if there are any of the Provider's personal belongings in your home. Be sure to get your house key at this time, if you gave one to the Provider. If possible, plan ahead for a replacement provider. Call the IHSS Public Authority at 1-800-491-1996 to request a list of providers if you do not have anyone who is able to replace them at this time.

# Important Phone Numbers

Homecare Provider Registry 1-800-491-1996

Adult Protective Services 1-888-800-4800

IHSS General Information (209) 468-2202

IHSS Payroll (209) 468-1706

SEIU Local 2015 at 1-855-810-2015 www.seiu2015.org

> IHSS Public Authority 24 S. Hunter St Rm. 5 Stockton, CA 95202